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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/568,981 Filing Date 02/21/2006				To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED	NUMBER EXTRA			RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x \$ =		
IND (37	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *					x \$ =]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.									1	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
ΙΝ	11/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ	Total (37 CFR 1.18())	• 17	Minus	 20		= 0	П	x \$ =		OR	X \$50=	0	
AMENDMENT	Independent (37 CFR 1,16(h))	• 2	Minus	3		= 0	П	x \$ =		OR	X \$210=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			=	П	x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***		=	П	x \$ =		OR	x \$ =		
ā	Application Size Fee (37 CFR 1.16(s))						П			1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Γ								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** 11	If the entry is column 1 is less than the entry in column 2, write "0" in column 3. The Charles Author Proviously Part of "N THIS SPACE is less than 30, enter "20". "If the "Highest Number Proviously Part of "N THIS SPACE is less than 3, enter "20". "If the "Highest Number Proviously Part of "N THIS SPACE is less than 3, enter "20". The "Highest Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "Highest Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of the "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the "All of "Number Proviously Part of "N THIS SPACE is less than 3, enter "3". But the												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life lated by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.